



STATE OF HAWAII
HAWAII CIVIL RIGHTS COMMISSION
Princess Ke`elikolani Building, 830 Punchbowl Street, Room 411, Honolulu, Hawaii 96813
**INSTRUCTION SHEET AND CHECKLIST FOR PUBLIC ACCOMMODATION
PRE-COMPLAINT QUESTIONNAIRE**

***HAWAII CIVIL RIGHTS COMMISSION PRE-COMPLAINT INSTRUCTIONS AND CHECKLIST
PUBLIC ACCOMMODATIONS***

This information is provided to help you decide whether or not your **public accommodations** problem can be handled by the Hawaii Civil Rights Commission (HCRC). **IT IS NOT MEANT TO DISCOURAGE YOU FROM FILING A COMPLAINT.**

If you have difficulty understanding these instructions or have any questions, call the Hawaii Civil Rights Commission office at 586-8636 (Voice), 586-8692 (TDD) or 586-8655 (FAX). If you are on the Neighbor Islands, call toll free by dialing: Kauai: 274-3141 (ext. 6-8636#); Maui: 984-2400 (ext. 6-8636#); Hawaii: 974-4000 (ext. 6-8636#); Lana'i & Moloka'i: 1-800-468-4644 (ext. 6-8636#).

Enclosed is a Pre-Complaint Questionnaire. Please fill it out and return it as soon as possible. You will then be called to set up an appointment for an interview with Commission staff. If you are not called within 30 days after you return it to us, please call us. At this interview be prepared to provide the staff with information and bring any documents you have which will help us to understand your problem. **IF YOU DO NOT SEND IN A COMPLETED PRE-COMPLAINT QUESTIONNAIRE YOU WILL NOT RECEIVE AN APPOINTMENT.** If you have a specific problem, such as a language difficulty, that makes it hard for you to fill out the Pre-Complaint Questionnaire, please call us.

WARNING--YOUR RETURN OF A COMPLETED PRE-COMPLAINT QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A COMPLAINT--YOU MUST STILL FILE AN OFFICIAL COMPLAINT WHICH A COMMISSION STAFF PERSON CAN ASSIST YOU WITH AFTER YOUR INTERVIEW.

SECTION I

We can only take complaints of illegal discrimination. This means the unfair treatment about which you are complaining must have happened because of one or more of the reasons listed below:

Your race	Harassment because of your race, sex,
Your sex	religious beliefs, color, national
Your religious beliefs	origin, ancestry and disability
Your color	Because you reported a violation of any
Your national origin	law that HCRC enforces (retaliation).
Your ancestry	Because you participated in any way in
Your disability status	an investigation, hearing or other
	proceeding conducted by the Hawaii Civil
	Rights Commission.

The Commission does not handle any unfair treatment that is not due to one or more of the above reasons.

SECTION II

It is not easy to prove discrimination. In order to file a complaint, you must have information to explain why you believe the unfair treatment was because of one or more of the reasons listed in Section I. When we investigate your case, we need either direct evidence (racial slurs, sexist slurs, harassment) or we need to find evidence that you were treated differently in comparison to individuals not of your race, sex, or whatever reason(s) on which you are basing your complaint.

For example, if you are Black and were denied access to a nightclub because of how you were dressed, we probably cannot prove discrimination unless we find that non-Blacks who dressed in a similar manner and did not meet the nightclub's dress code were not denied access. In some kinds of cases, such as disability status discrimination or religious discrimination, the key evidence may take other forms

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SECTION III

The state statute of limitations for filing complaints with the Hawai'i Civil Rights Commission is 180 days after the date upon which the alleged discriminatory practice occurred or the last occurrence in a pattern of ongoing discriminatory practice.

THEREFORE, IF YOU ARE COMPLAINING ABOUT SOMETHING THAT HAPPENED OVER FIVE (5) MONTHS AGO and near this statute of limitations for filing a complaint, call the Hawai'i Civil Rights Commission office at 586-8636 (Voice), 586-8692 (TDD) or 586-8655 (FAX). If you are on the Neighbor Islands, call toll free by dialing: Kaua'i: 274-3141 (ext. 6-8636#); Maui: 984-2400 (ext. 6-8636#); Hawai'i: 974-4000 (ext. 6-8636#); Lana'i & Moloka'i: 1-800-468-4644 (ext. 6-8636#) and ask to speak to an investigator. Any delay may cause a time problem that could prevent us from accepting your complaint.

REMEMBER: IT IS ILLEGAL FOR ANY PERSON INVOLVED WITH PUBLIC ACCOMMODATIONS TO RETALIATE AGAINST YOU FOR FILING A COMPLAINT OR FOR CONTACTING THIS COMMISSION.

Call the Hawai'i Civil Rights Commission office if you have any questions.

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

Please remember to sign and date the form before submitting it.

Delivery Information

Delivery by U.S. Mail or In-Person

Hawai'i Civil Rights Commission

Princess Ke'elikolani Building, 830 Punchbowl Street, Room 411, Honolulu, Hawai'i 96813

Delivery via Fax

Hawai'i Civil Rights Commission

(808) 586-8655



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Please fill out this questionnaire completely. The information will be used to determine if we have jurisdiction to investigate your discrimination complaint, and to draft the charge of discrimination. You may be contacted for either a telephone or in-office interview. Please print clearly. Submit documents that support your allegation of discrimination.

1. Information about you:

Date: _____

Name (Last, First, Middle Initial(s))			
Address		City	Zip Code
Home Phone ()	Work Phone ()	Cell Phone ()	
Race/Ethnicity		Sex	
Social Security Number		Age & Date of Birth	
Person to contact if we can't reach you:			
Name			
Address			
Telephone ()			

2. Business that discriminated against you:

Name			
Address		City	Zip Code
Island	<input type="checkbox"/> O`ahu <input type="checkbox"/> Kaua`i <input type="checkbox"/> Maui <input type="checkbox"/> Hawai`i <input type="checkbox"/> Moloka`i <input type="checkbox"/> Lana`i	Telephone ()	

3. I was discriminated against because of my: (Check the protected basis)

<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Ancestry <input type="checkbox"/> Religion	<input type="checkbox"/> Sex/Gender (M/F, pregnant) <input type="checkbox"/> Retaliation (opposed discrimination) <input type="checkbox"/> Disability (physical mental) What is the disability? _____ _____
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HCRC USE ONLY		
DB#	Assigned to	Date Assigned
Interview Date	Action Taken	Date Action Taken

Previous Editions Obsolete

Visit our Website at www.hawaii.gov/labor for ALL interactive and downloadable forms.

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4. I was discriminated against by being: (Check the adverse action)

<input type="checkbox"/> Denied Goods	<input type="checkbox"/> Denied Privileges
<input type="checkbox"/> Denied Services	<input type="checkbox"/> Denied Advantages
<input type="checkbox"/> Denied Accommodations	<input type="checkbox"/> Denied Facilities
	<input type="checkbox"/> Other (specify): _____ _____

5. Date of the last discriminatory denial: (must be within the past 180 days)

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6. Name(s) and job title(s) of the person(s) who discriminated against you:

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7. What reason was given to you for the denial:

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8. How did you learn about the Hawai'i Civil Rights Commission:

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Directions: Please provide a summary of the discriminatory adverse actions with the names of those who discriminated against you. Start with the earliest date and end with the last date. Use separate sheets of paper as necessary. On the next page, include the name/telephone/address of witnesses who have evidence of the discrimination.

Dates of Discrimination	Describe the discriminatory adverse actions (Explain why the actions were because of your protected basis)

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Dates of Discrimination	Continuation of the discriminatory adverse actions (Explain why the actions were because of your protected basis)

Witnesses who have evidence of the discriminatory adverse actions		
Name	Telephone (Home and Work)	Address

Closing Statement: I declare under penalty of perjury that the foregoing is true and correct.

Signature